## **Application Data Sheet**

## **Application Information**

**Application Type::** 

Regular

**Subject Matter::** 

Utility

Suggested classification::

**Suggested Group Art Unit::** 

CD-ROM or CD-R?::

None

Computer Readable Form (CRF)?::

No

Title::

METHODS AND COMPOSITIONS FOR

TREATING ECTOPARASITE INFESTATION

**Attorney Docket Number::** 

042644-0303

Request for Early Publication?::

No

Request for Non-Publication?::

No

**Suggested Drawing Figure::** 

**Total Drawing Sheets::** 

0

**Small Entity?::** 

Yes

Petition included?::

No

Secrecy Order in Parent Appl.?::

No

## **Applicant Information**

**Applicant Authority Type::** 

Inventor

**Primary Citizenship Country::** 

US

Status::

**Full Capacity** 

Given Name::

William R.

Family Name::

Campbell

City of Residence::

Jamestown

State or Province of

NC

Residence::

**Country of Residence::** 

US

Str\_t of mailing address::

4849 Harvey Rd.

City of mailing address::

Jamestown

State or Province of mailing

NC

address::

Postal or Zip Code of mailing

27282

address::

**Applicant Authority Type::** 

Inventor

**Primary Citizenship Country::** 

US

Status::

Full Capacity

Given Name::

Kathleen G.

Family Name::

Palma

City of Residence::

McLeansville

State or Province of

NC

Residence::

**Country of Residence::** 

US

Street of mailing address::

815 Cliff Drive

City of mailing address::

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State or Province of mailing

NC

address::

Postal or Zip Code of mailing

27301

address::

Applicant Authority Type::

Inventor

**Primary Citizenship Country::** 

US

Status::

**Full Capacity** 

Given Name::

Neil E.

Family Name::

Paulsen

City of Residenc ::	Davidson				
State or Province of	NC				
Residence::					
Country of Residence::	US				
Street of mailing address::	864 Southwest Drive				
City of mailing address::	Davidson				
State or Province of mailing	NC				
address::					
Postal or Zip Code of mailing	28036				
address::					
Correspondence Information					
Correspondence Customer Num	mber:: 30542				
E-Mail address::	PTOMailSanDiegoNorth@Foley.com				
Representative Information					
Representative Customer	30542				
Number::					
Domestic Priority Information					

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	Division of	10/136,075	04/29/2002

## **Foreign Priority Information**

Country::	Application	Filing Dat ::	Priority Claimed::
	number::		

**Assignee Information** 

Assignee name::

Piedmont Pharmaceuticals, LLC